

ABSTRACT

Name of Applicant:

Mailing Address:

Contact Person:

Telephone Number:

Public Health Region:

State Senatorial District:

List All Counties Served:

HSDA:

State Representative District:

Congressional District:

Total number to be served: _____ (including subcontractor clients)

Define target group(s) to be served:

Project Summary: (Narrative overview of the goal(s), objectives, and activities.)

Budget Summary:

Personnel \$ _____

Fringe Benefits _____

Travel _____

Equipment _____

Supplies _____

Contractual _____

Other _____

Total Direct Costs \$ _____

Indirect Cost _____

Total Requested \$ _____